

**Service Feedback Sheet**

**Following your contact with our service today we would like you to think about your recent experiences of our service.   
Your assistance in completing this form helps us to shape and improve our services.**

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| **1))** | **I would say this is a good service for my friends & family to be looked after by if they needed similar care or treatment. (select box)** | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | **Extremely Likely** |  |  |  | **Likely** |  |  |  | **Neither Likely  nor Unlikely** |  |  |  | **Unlikely** | |  |  |  | **Extremely Unlikely** |  |  |  | **Don’t Know** | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3)**  **2)** |  | **Tel Tell us one thing we did well today?** | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | | | | | | | | | | |
| **3)** |  | **Please tell us one thing we could do better to improve our service?** | | | | | | | | | | | | | | | | | | | | | | | |
| **The following information is voluntary and you are welcome to remain anonymous.**  **Name:** **Address:**  **Contact Number:** **Email Address:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please tick this box if you DO NOT wish your comments to be made public.** | | | | | | | | | | | | | | | | **Name:** | | | | | | | | |  |
| **Location:** | | | | | | | | |  |
| **Date:** | | | | | | | | |  |

**Please either hand this completed form back to one of our staff or send to the freepost address overleaf.**

**Your feedback is very important to us, if you wish to complete a longer survey instead or as well as this Feedback Sheet please ask Staff for the full paper survey.**

[**www.cambscommunityservices.nhs.uk**](http://www.cambscommunityservices.nhs.uk)

**Please do not hesitate to get back in touch with our Patient Advice and Liaison (PALS) team if you have any further questions during office hours:**

**Monday - Friday 9am - 5pm**

PALS: 0300 131 1000

E-mail: [ccs-tr.pals@nhs.net](mailto:ccs-tr.pals@nhs.net)

[ccs-tr.complaints@nhs.net](mailto:ccs-tr.complaints@nhs.net)

Website: <www.cambscommunityservices.nhs.uk>

**Please hand your completed survey back to a staff member, email back to us at either:**

[**ann.stein@nhs.net**](mailto:ann.stein@nhs.net) **or** [**CCS-TR.SpecialNeedsSchoolNursingTeam@nhs.net**](mailto:CCS-TR.SpecialNeedsSchoolNursingTeam@nhs.net)

**or post to us using the freepost address below.**

**CCS LUT PATIENT EXPERIENCE**

Cambridgeshire Community Services NHS Trust: delivering excellence in children and adults’ community health services across Luton